



Procedure: Infection Control and Universal Precautions

Functional Area: VIII Certification, Eligibility & Coordination of Services

Section: B 1 e iii

Citation: OSHA BBP Standard

Approval Date: 6/2015

Revised Date: 11/2012

Purpose

To explain the process to control the spread of diseases which are transmitted by blood or other bodily fluids and to protect all individuals involved from transmitting and/or acquiring communicable diseases.

Universal Precautions

In 1991, the Occupational Safety and Health Administration (OSHA) published the Occupational Exposure to Blood borne Pathogens Standard. The purpose of the standard is to minimize, if not eliminate, occupational exposure to blood borne pathogens. The standard outlines necessary work practice protocols.

One section of the standard deals with "Universal Precautions (UP)". This term is simply an approach or strategy designed to ensure staff safety when working with blood or other bodily fluids. Under UP, the blood and certain bodily fluids of *all* individuals are considered potentially infectious. Standardized practices focus on treating every sample of blood as if it were disease-infected. Handle all human blood and certain bodily fluids as if they were known to be infected with Human Immunodeficiency Virus (HIV), Hepatitis B (HBV), Hepatitis C (HCV) or other blood borne pathogens.

These precautions are intended to prevent the transmission of infectious bodily fluids through parenteral routes such as mucous membranes and non-intact skin.

In 2001, the standard was revised to conform to the Needle stick Safety and Prevention Act. The act directed OSHA to revise the Blood borne Pathogens (BBP) Standard in the areas of the Exposure Control Plan with new record-keeping requirements and modification of definitions of engineering controls.

Personal Work Practices

To comply with the OSHA standard, a written exposure control plan must be in place at each WIC agency/clinic. The plan should include a copy of local agency policies and procedures for employee safety and a procedure for reporting accidental exposures. Each local agency will develop blood-borne pathogen information and training programs for employees.

The single most important means of preventing the spread of infection is hand washing.

Wash your hands:

- At the beginning and end of the clinic day
 - Before a skin puncture and after removing your gloves
 - After touching contaminated objects or using restroom facilities
 - After making contact with your eyes, nose or mouth
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**Personal Work Practices
(cont.)**

- Before and after eating, drinking or handling food.

If soap and water are not available hand washing, germicidal cleansing or hand sanitizing products may be used.

- Cover any break in the skin with a bandage.
- Wear disposable gloves when there is a possibility of contact with blood borne pathogens.
- Use new gloves for every blood draw.
- Use protective devices for eyes, nose or mouth whenever splashes, spray, splatter or droplets of blood or other potentially infectious materials may be generated.
- It is generally accepted that the HemoCue® test for hemoglobin does not splatter or spray blood.

If blood touches your skin or hair, wash the area with soap and water and tell your supervisor immediately.

If you are accidentally stuck by a contaminated lancet, contact your supervisor and follow the exposure plan, including completion of the local agency incident/bodily fluid exposure form.

Worksite Protection

- Lancets with engineering controls (single use, self-retracting, etc.) are required to be used for all finger sticks.
 - Clean the work site at the beginning and end of each workday or after any contact with blood or other potentially infectious materials.
 - Use a prepared bleach solution or an EPA-registered disinfectant that is effective as a tuberculocidal and kills Human Immunodeficiency Virus (HIV) and Hepatitis B Virus (HBV).
 - EPA-registered tuberculocidal disinfectants and bleach solutions are appropriate for removing blood or other potentially infectious materials on surfaces and instruments.
 - In order to decontaminate work surfaces be sure to:
 - Wear clean gloves
 - Completely remove all blood before applying the disinfectant
 - Dispose of the infectious waste in accordance with federal, state, or local regulations.
 - Paper products coming in contact with blood or bodily fluids must be changed between each client.
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**Disposal of Laboratory
Waste and Supplies**

- Discard all contaminated sharps, i.e.; retractable lancets & cuvettes, in special receptacles usually referred to as “sharps” containers. There are a variety of styles, and all are clearly marked with a biohazard symbol. The container must be rigid, puncture-resistant, leak-proof, and disposable with a locking lid.
 - All used lancets and other sharp objects must be disposed of immediately in a “sharps” container. When this container is filled to the
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**Disposal of Laboratory
Waste and Supplies
(cont.)**

acceptable level, it must be properly disposed of as bio hazardous waste.

- Throw away other potentially infectious trash that is saturated with blood in a red, plastic biohazard bag. Bio hazardous waste must be decontaminated before it can be disposed of in a landfill.
- Waste, such as lint-free tissue, alcohol preps, gloves, bandages and wrappers that contain blood spots and are not dripping can be discarded in a regular trash bag if there are no means for biohazard waste disposal. It should be disposed of in a biohazard bag if possible.

Keep the sharps container, biohazard bag and all trash out of the reach of children.
